

# State and Federal Partnerships in Managing Opioid Treatment Programs: SOTAs and the DEA

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(Enter) DEPARTMENT (ALL CAPS)  
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# Opioids in the United States: A Historical Perspective

- Opioid use widespread and common in the US at turn of 19<sup>th</sup>/20<sup>th</sup> century – prescribed for a variety of ailments
- Peak usage late 1800's, by 1910 around 1 in 400 Americans opioid dependent
- 1914 Harrison Act – to regulate commerce and the opioid trade
- Drastic changes in the way this population was treated
- Opiates prescribed only in the “course of practice” (addiction not seen as a disease condition and not included)
  - Interpretation was that it was a violation of law to prescribe opioids to an “opioid addict”
  - Rise of illicit drug trade
  - Drastic rise in illegal drug importation, approximately 5 times from late 1910's through 1920's

# Opioids in the United States: A Historical Perspective on Treatment

- Federal Narcotic Farms (KY and TX)
  - First methadone treatment study KY 1949
  - High rates of relapse and overdose following release
- 1950's New York City – heroin epidemic
- Drs. Marie Nyswander, Vincent Dole and the beginning of methadone treatment
- Nearly 100% relapse rates for abstinence based treatment for opioid addicts
- Hypothesis – the opioid addicted brain “lacks something” - opioid endogenous system

# Opioids in the United States: A Historical Perspective

- Methadone as a long acting opioid treatment for opioid dependence
- Opioid addiction beginning to be seen as a metabolic condition – addiction as a medical condition that needs to be treated
- 1970 Controlled Substances Act
- 1972 Special Action Office of Drug Abuse Prevention (SAODAP) - established within the White House/responsible for drug “treatment and rehabilitation, prevention, education, training, and research”
- 1973 - DEA
- 1974 – Narcotic Treatment Act - first licensed opioid (methadone) maintenance programs

# State Opioid Treatment Authorities (SOTA)

Position is responsible for the oversight, coordination, monitoring, training, technical assistance, and state policy development for all State licensed Opioid Treatment Programs (OTP) as per 42 CFR 8.12. responding to concerns related to OTP patient, family, and community health, safety wellbeing, perception of care and outcomes

Position reviews and consults with programs and state and federal officials on OTP complaints, grievances, incidents including medication errors, medication diversion, violence on program premise, dual enrollment prevention practices, take-home medication exception requests, coordinates with federal officials under 42 CFR Part 8.11(h), and patient overdoses, injuries and deaths.

# State Opioid Treatment Authorities (SOTA)

Responsible for ensuring OTP program and professional compliance with all applicable federal and state laws, regulations, guidelines, accreditation standards, policies and communications, including opioid treatment program best practices and treatment improvement protocols

Position ensures medications for the treatment of opioid use disorder and OTP treatment services are available and advocates for expansion of treatment access for special populations.

# Washington State SOTA

Provides significant policy and program recommendations to Health Care Authority leadership related to substance use disorder treatment, including recommendations on current and emerging trends.

Provides clinical and administrative leadership, oversight, policy guidance and technical support for all state opioid treatment initiatives from the Washington State Health Care Authority, and Department of Health.

Provides consultation and technical assistance to program staff and external stakeholders regarding substance use disorder treatment.



# Washington State SOTA

Other job duties include:

- Member of Washington State Criminal Justice Treatment Account, and co-creator of the LEAD pre-arrest diversion pilot project for the State of Washington.
- Lead reviewer and analyzer for HCA for Legislative bills related to topics surrounding the opioid epidemic.
- Co-Lead for the Treatment Goals noted on the Washington State Interagency Opioid Response Plan
- Implementing interagency emergency and disaster planning to respond to OTP/OBOT/pain management clinic closures, and drug overdose response events in the State of Washington.
- Supervising HCA's Harm Reduction Program Manager and working to bring Medicaid eligibility for Syringe Service Programs
- Reduces stigma for medications of opioid use disorder by reviewing and triaging instances of discrimination that OUD clients face relating to access to care issues.



# Washington State

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# State Opioid Treatment Authority Scope of Work

- State level oversight of OTPs
  - Idaho currently has four (4) Opioid Treatment Programs (OTP)
  - All are located within the Boise area
  - Our goal is with Medicaid Expansion, 1/1/2020, the number of OTPs will increase
- DATA 2000 waived prescribers support
  - Work to increase number of waived prescribers, Idaho currently has 307
  - Increase MAT providers participating in publicly funded programs
  - Increase the number of practicing MAT prescribers
- Team Lead for the State Opioid Abuse and Misuse Strategic Plan
  - Statewide initiatives to address the opioid epidemic
  - Expanding treatment and recovery support services
- SAMHSA Grants Management
  - State Targeted Response 2017-2018 (\$2 million a year)
  - State Opioid Response 2018-2020 (\$4 million a year)
  - State Opioid Response Supplement 2019-2020 (\$2 million)





### **SINCE 2017 IROC HAS:**

- Expanded access to treatment, including Medication-Assisted Treatment (MAT), to over 1,00 Idahoans.
- Reduced access to opioids through prescriber education and awareness campaigns.
- Enhanced Idaho's recovery-oriented system of care by supporting community-based programs where over 1,000 Idahoans have accessed recovery support.
- Increased the statewide use of Naloxone by providing over 4,000 Naloxone kits to over 180 statewide agencies.

### **THE FUTURE OF IROC:**

- Collaborate with and provide funding to Idaho's five federally recognized tribes to address the opioid epidemic within their communities.
- Expand Idaho's recovery-oriented system of care. Specifically, the provision of recovery coaching services in emergency departments and jail/prison reentry efforts.
- Increase prevention efforts to include continued increase of the availability of Naloxone and disseminating materials to educate the public on the dangers of opiates and how to manage an Opioid Use Disorder (OUD) through the BSU RADAR Center.
- Launch a pre-sentencing diversion pilot program called LEAD.
- Expand the number of resources and treatment programs available to pregnant and post-partum women with OUD.



Questions?

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# ALASKA

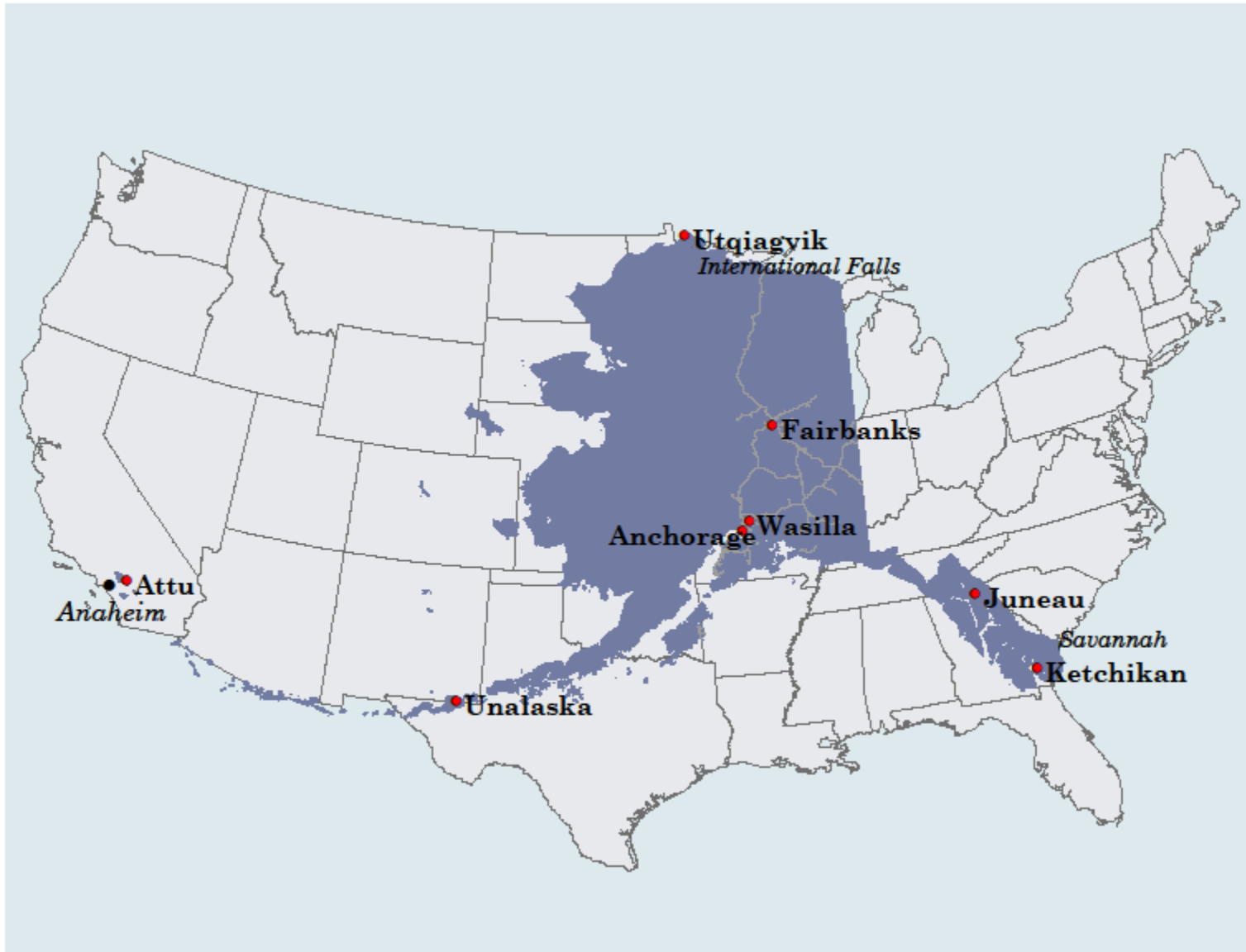
## State Opioid Treatment Authority

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ALASKA DEPARTMENT OF  
HEALTH AND SOCIAL SERVICES



# Opioid Treatment Programs (OTPS)

- 4 OTPS in Alaska
- Partnering with Department of Corrections to provide bridging services for incarcerated patients(short term)
- Disaster response planning with Opioid Response Network
- Exploring potential for expansion:
  - Med Units
  - Starting intensive outpatient treatment

DEA

U.S. DRUG ENFORCEMENT ADMINISTRATION



# *Region 10 Opioid Summit*

Loren Miller, Section Chief  
Policy Section







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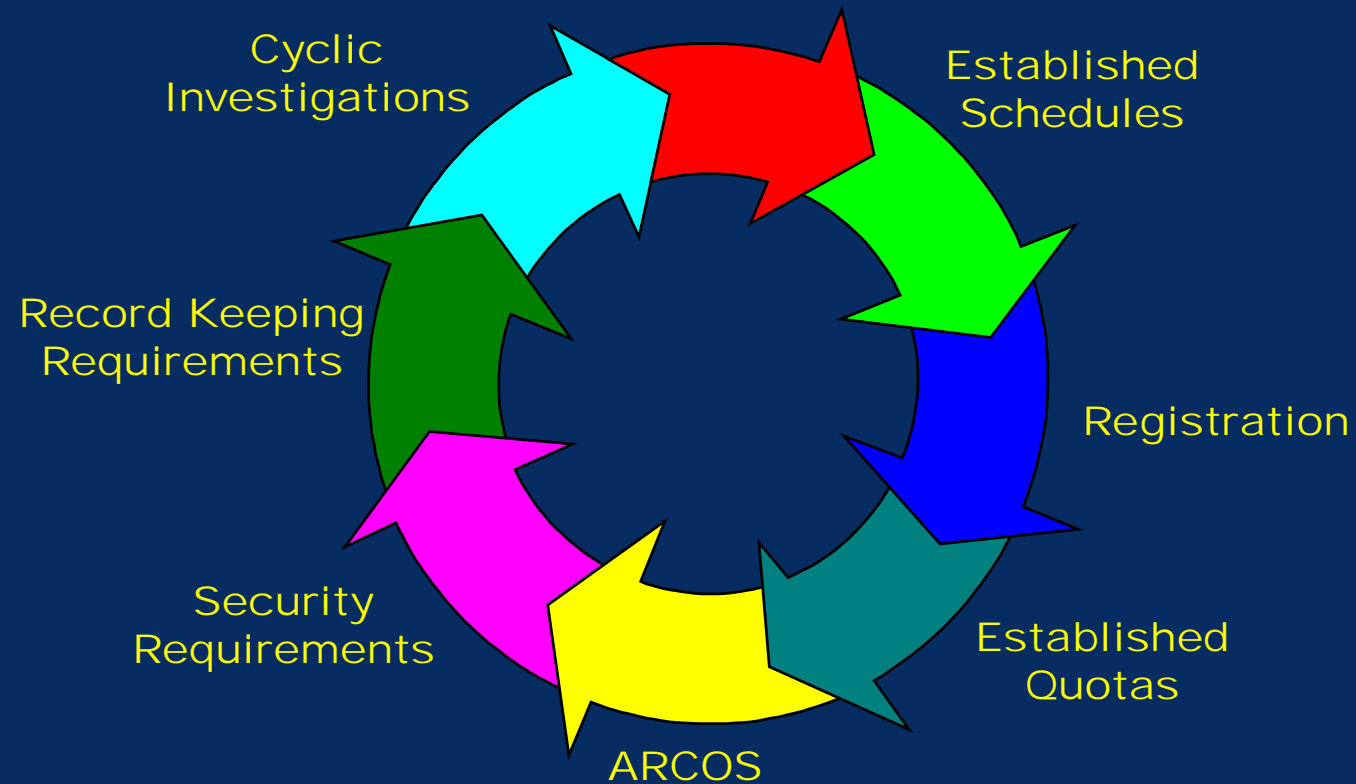


# Objectives

- **Explain the Closed System of Distribution which the DEA oversees as it enforces the Controlled Substances Act and its implementing regulations.**
- **Discuss some of the responsibilities of being a DEA registrant, and the importance of Accountability.**
- **Discuss the importance of cooperation in addressing the national opioid epidemic**
- **Questions**



# Closed System of Distribution





*Thank you for your time  
and attention !*

